				PTO/SB/22 (12-	
PETITION	FOR EXTENSION OF TIME UNDER :	Docket Number (Optional)			
FY 2010 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			PAT051912-US-PCT	PAT051912-US-PCT (PP020009.0003)	
Application Number: 10/552,192			Filed: December 5	Filed: December 5, 2006	
or ADF	P-RIBOSYLATING TOXIN FROM LISTERI	A MONOCYTOGE	NES		
Art Unit: 1645			Examiner: V. Ford		
his is a requipplication.	uest under the provisions of 37 CFR 1.136	(a) to extend the p	eriod for filing a reply in	the above identified	
he requeste	ed extension and fee are as follows (check	time period desire	d and enter the approp	riate fee below):	
		<u>Fee</u>	Small Entity Fee	2	
	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
\boxtimes	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ <u>1110.00</u>	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applica	ant claims small entity status. See 37 CFF	2 1.27			
-	ck in the amount of the fee is enclosed.				
-	ent by credit card.				
_ ′	The Director has already been authorized to charge fees in this application to a Deposit Account.				
			·		
	rector is hereby authorized to charge any it Account Number 18-1648	ees which may be	required, or credit any	overpayment, to	
WARNI Provide	NG: Information on this form may become public credit card information and authorization on P	c. Credit card inforr TO-2038.	nation should not be inclu	ded on this form.	
am the	applicant/inventor.				
anruio					
	assignee of record of the entire Statement under 37 CFR 3.				
	attorney or agent of record. Re	gistration Number	41,411		
	attorney or agent under 37 CFR Registration number if acting ur	1.34. der 37 CFR 1.34	****		
	Parteina	<u> </u>		per 12, 2011	
	Signature		D	ate	
Dahna S. Pasternak Typed or printed name				(650) 493-3400 · Telephone Number	
			·		
TE: Signature signature is r	s of all the inventors or assignees of record of the entire equired, see below.	e interest or their repres	entative(s) are required. Sub	mit multiple forms if more than	
Total of	forms are su	bmitted.			